

South Carolina Department of Social Services
Independent Living Program
INVOICE FOR YOUTH GRADUATION AWARD

1. County: _____
2. Regional Office: _____
3. Case Manager: _____
4. Youth's Name: _____
5. Sex: ☐ Male ☐ Female
6. Race: _____
7. Date of Birth: _____
8. Mailing Address: _____

Name of School: _____

Educational Award Earned:

- ☐ High School Diploma
☐ Certificate of Completion
☐ Adult Education/GED
☐ Associate's Degree
☐ Vocational Certificate
☐ Bachelor's Degree
☐ Master's Degree

Date Educational Award Earned: _____

Signature of Youth

Date

Amount Due: (to be completed by State Office) _____

Signature of Independent Living Coordinator

Date

Approved by: _____ Date: _____